United States of America

Department of Transportation—Federal Aviation Administration

## Supplemental Tupe Certificate

Number SA1820SW

This certificate, issued to

Qualitron Aero, Inc. P O. Box 17795

Project T2637SW-DS JDS-213

John F. Kennedy Blvd.

Houston, Texas 77060

certifies that the change in the type design for the following product with the limitations and conditions

therefor as specified hereon meets the airworthiness requirements of Part 4b of the Givil Air

Regulations.

Original Product - Type Certificate Number: A2SW

Make: Israel Aircraft, Inc.

Model: 1121A, 1121B

Description of Type Design Change: Installation of Collins MC-103 dual Compans System according to Qualitron Aero, Inc. Drawing List 73T-6120-1700, Revision C, dated 3/19/74.

Limitations and Conditions

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: April 2, 1973

Date reissued :

Date of issuance: March 22, 1974

Tale amended :

Bydirection of the Administrator

Don P. Watson

Acting Chief, Engineering and Manufacturing Branch

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.

This certificate may be transferred in accordance with FAR 21.47.

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

## TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Cer	tificate Number
The second secon	
to (Name of transferee)	
(Address of transferee)	
(many true)	(Number and street)
and the same of the same	(City, State, and ZIP code)
	(City, State, and ZIT code)
from (Name of grantor) (Print or type)	
Substitute Constitution	
(Address of grantor)	(Number and street)
redition to time the factor disease tribilly	
	(City, State, and ZIP code)
	* HOLD
Extent of Authority (if licensing agreement):	1 Alvertical time
A STATE OF THE PARTY OF THE PAR	MANAGER STATE OF THE STATE OF THE RESIDENCE OF THE PARTY
Date of Transfer:	
20 m 3 10 10 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Signature of grantor (In ink):	